



## Missouri Pharmacy Program – Preferred Drug List

### **2<sup>nd</sup> Generation Antihistamines**

**2<sup>nd</sup> Generation Antihistamines/Decongestant Combinations  
Effective 11/01/2004**

#### **Preferred Agents**

Available Without Clinical Edits

- Loratadine OTC
- Loratadine Syrup OTC
- Loratadine Rapid-Dissolve Tabs OTC
- Loratadine-D 12H OTC
- Loratadine-D 24H OTC

#### **Non-Preferred Agents**

Available with Clinical Edits

- Claritin® RX
- Claritin Syrup® RX
- Claritin Redi-Tabs® RX
- Claritin-D 12H® RX
- Claritin-D 24H® RX
- Zyrtec®
- Zyrtec Syrup® RX
- Zyrtec-D®
- Allegra®
- Allegra-D®
- Clarinex®
- Clarinex Redi-Tabs®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.